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MARTIN & FERRARO, LLP 1557 Lake O'Pines Street, NE Hartville, Ohio 44632

OCT 3 0 2008

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FACSIMILE TRANSMITTAL

TO:

FROM:

Name: Mail Stop RCE

Name:

Thomas H. Martin, Esq.

Group Art Unit 1725/Examiner Kuang Lin

Firm: U.S. Patent & Trademark Office

Phone No.: 330-877-2277

Fax No.: 571-273-8300

No. of Pages (including this): 12

Subject: U.S. Patent Application No. 10/697,664

Date:

October 30, 2006

Terry Hildreth

Filed: October 29, 2003

Confirmation Copy to Follow: NO

METAL INJECTING APPARATUS Attorney Docket No. 117.0002-00000

Customer No. 22882 Confirmation No.: 8387

Message:

CERTIFICATE OF TRANSMISSION UNDER 37 CFR 1.8

I hereby certify that the attached Transmittal Form (in duplicate; \$955.00 total amount (small entity) to cover the \$510 three-month extension fee, \$395 RCE fee, and \$50 additional claims fee is to be charged to Deposit Account No. 50-1068), Request for Continued Examination (RCE) (in duplicate), and Amendment are being facsimile transmitted to the U.S. Patent and Trademark Office on October 30, 2006.

Sandra L. Blackmon

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FORM PTO-1083

Attorney Docket No.: 117.0002-00000

T-940

Customer No. 22882

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of:

Terry Hildreth

Serial No: 10/697,664 Filed: October 29, 2003

METAL INJECTING APPARATUS

From-MARTIN&FERRAROLLP

Confirmation No.: 8387

1725

Art Unit: Examiner: Kuang Lin

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P.002

OCT 3 0 2006

Mail Stop RCE Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

Dear Sir:

Transmitted herewith is a Request for Continued Examination (RCE) and Amendment in reply to the Final Office Action of April 28, 2006 in the above-identified application.

No additional fee is required.

Applicant hereby requests a three-month extension of time to respond to the above office action. 冈

The fee has been calculated as shown below:

-	(Col. 1) CLAIMS REMAINING AFTER AMENDMENT		(Col. 2) HIGHEST NUMBER PREVIOUSLY PAID FOR		(Col. 3) PRESENT EXTRA*	LG/SM \$ ENTITY FEE		ADD'L FEE DUE	
TOTAL CLAIMS FEE	24	1.	22		2	LG=\$50 SM=\$25	\$25	\$	50
INDEPENDENT CLAIMS FEE	3	.	4		0	LG=\$200 SM=\$100	\$100	\$	٥
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIMS LARGE ENTITY FEE = \$360 SMALL ENTITY FEE = \$180							\$	٥	
· · · · · · · · · · · · · · · · · · ·							TOTAL	\$	50.0

If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.

If the 'Highest Number Previously Paid For' IN THIS SPACE is less than 20, write "20" in this space, if the 'Highest Number Previously Paid For' IN THIS SPACE is less than 3, write "3" in this space. The 'Highest Number Previously Paid For' (Total or Independent) is the highest number found from the equivalent box on Col. 1 of a prior amendment or the number of claims originally filed.

The total amount of \$955.00 (small entity) to cover the \$510 three-month extension of time fee, \$395 RCE \boxtimes fee, and \$50 additional claims fee is to be charged to Deposit Account No. 50-1068.

The Commissioner is hereby authorized to charge any deficiencies of fees associated with this \boxtimes communication or credit any overpayment to Deposit Account No. 50-1068. A copy of this sheet is enclosed.

Any filing fees under 37 C.F.R. § 1.16 for the presentation of extra claims

Any patent application processing fees under 37 C.F.R. § 1.17

Respectfully submitted, MARTIN & FERRARO, LLP

Date: October 30, 2006

1557 Lake O'Pines Street, NE Hartville, Ohio 44632

Telephone: (330) 877-0700 Facsimile: (330) 877-2030

Thomas H. Martin Registration No. 34,383 **FORM PTO-1083**

Attorney Docket No.: 117.0002-00000

Customer No. 22882

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of:

Terry Hildreth

Serial No: 10/697.664 Filed: October 29, 2003

For: METAL INJECTING APPARATUS

Confirmation No.: 8387

Art Unit: Examiner: Kuang Lin

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OCT 3 0 2006

Mail Stop RCE **Commissioner for Patents** P.O. Box 1450 Alexandria, VA 22313-1450

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FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIMS LARGE ENTITY FEE = \$360 SMALL ENTITY FEE = \$180								0	
						TOTA	- 5	50.00	

- If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.
 If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.
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